



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (12-97)  
Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/730,291
	Filing Date	December 5, 2003
	First Named Inventor	James N. CURTI et al.
	Group Art Unit	1722
	Examiner Name	Stefan STAICOVICI
Total No. of Pages in this Submission: 20	Attorney Docket Number	SALTER P42AUSP2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee attached  <input checked="" type="checkbox"/> Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request (in Duplicate)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Part/s Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)  <input type="checkbox"/> To Convert a Provisional Petition  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):  Terminal Disclaimer
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 27, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 27, 2007

Type or printed name.	Michael J. BUJOLD
Signature	Date: March 27, 2007 (lfb)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="text-align: center; font-size: 1.2em;"><b>FEE TRANSMITTAL</b> <b>For FY 2006</b></p> <p><input type="checkbox"/> <b>Small Entity Status</b> See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p>																																																									
<p><b>TOTAL AMOUNT OF PAYMENT: \$130</b></p>		<p>Application No. _____ Filing Date _____ First Named Inventor _____ Examiner Name _____ Art Unit _____</p>																																																									
<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Credit any overpayments</p>		<p>Attorney Docket No. <u>SALTER P42AUSP2</u></p>																																																									
<p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																											
<p><b>FEE CALCULATION</b></p>																																																											
<p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th></th> </tr> <tr> <th></th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES				Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																																																						
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																																				
Utility	300	150	500	250	200	100																																																					
Design	200	100	100	50	130	65																																																					
Plant	200	100	300	150	160	80																																																					
Reissue	300	150	500	250	600	300																																																					
Provisional	200	100	0	0	0	0																																																					
<p><b>2. EXCESS CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <p> <u>Total Claims</u> -20 or HP = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>      <u>Multiple Dependent Claims</u>  <u>Fee (\$)</u>      <u>Fee Paid (\$)</u> </p> <p> <u>Indep. Claims</u> -3 or HP + <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>              HP = highest number of independent claims paid for, if greater than 3.         </p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																												
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																									
Each claim over 20 (including Reissues)	50	25																																																									
Each independent claim over 3 (including Reissues)	200	100																																																									
Multiple dependent claims	360	180																																																									
<p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p> <u>Total Sheets</u> -100 = <u>Extra Sheets</u> / 50 = <u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u> </p>																																																											
<p><b>4. OTHER FEE(S)</b></p> <p>Terminal Disclaimer To Obviate a Double Patenting Rejection over a "Prior" Patent ..... <u>\$130</u></p> <p>Other (e.g., late filing surcharge): _____</p>																																																											
<p><b>SUBMITTED BY</b></p>																																																											
Signature		Telephone (603) 226-7490																																																									
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018	Date: March 27, 2007																																																								